

# REANNOUNCEMENT

## MERIT PROMOTION VACANCY ANNOUNCEMENT

PHS INDIAN HOSPITAL  
PO BOX 1201  
PINE RIDGE, SOUTH DAKOTA 57770

### PINE RIDGE IHS IS A SMOKE FREE ENVIRONMENT

April 27, 2009

POSITION: Motor Vehicle Operator  
PR433T

LOCATION: PHS Indian Hospital  
Pine Ridge, SD  
Mobile Unit Grant

SALARY: WG-5703-08, \$19.27 per hour

VACANCY NUMBER: NP-08-0083-PR-R2

OPENING DATE: April 27, 2009

CLOSING DATE: May 15, 2009

Applications and related documents must be received at the above address by 4:30 p.m. on the closing date of this announcement. For information contact Annabelle Black Bear at (605) 867-3016. All applications are subject to retention; no requests for copies will be honored. Applications can be faxed to 605/867-3271, (NOT RESPONSIBLE FOR UNSUCCESSFUL TRANSMISSIONS). Applications by e-mail will be accepted. It is the responsibility of the applicant to submit a complete application. E-MAIL TO: [annabelle.blackbear@ihs.gov](mailto:annabelle.blackbear@ihs.gov)

#### APPOINTMENT:

☐ Permanent  
☒ Not-To-Exceed The applicant selected for  
This position may be appointed to either a one  
year appointment or an appointment in excess  
of one year depending on the status of the  
applicant.

#### WORK SCHEDULE:

☒ Full-Time  
☐ Part-Time  
☐ Intermittent

#### AREA OF CONSIDERATION:

☐ Commuting Area  
☐ Area-Wide  
☒ IHS-Wide  
☐ DHHS-Wide

MOVING: Travel may be paid provided all legal and regulatory requirements and travel regulations are met.

#### CONDITIONS OF EMPLOYMENT:

ON-CALL ☐ YES ☒ NO \*call-back duty is defined as irregular or occasional work performed by an employee on a day when the work was not scheduled for the employee. This will require the employee to return to his/her place of employment within the specified timeframes.

\* All applicants who have regular contact or control over Indian Children MUST submit the attached Addendum to Declaration for Federal Employment (OF-306). Your application may not be considered for this designated childcare worker position if you do not complete and submit this form or if you answer "Yes" to either of the two questions.

- \* Must provide AVERAGE HOURS WORKED PER WEEK on application.

NOTE: Applicants must provide work experience (paid/non-paid) – Job Title (include series if Federal job), duties, responsibilities and accomplishments (if you describe more than one type of work, ie., carpentry and painting, or personnel and budget, write the approximate amount of time you spend doing each). Employers name and address, supervisor's name and phone number, starting and ending dates (month/year), AVERAGE HOURS WORKED PER WEEK, and salary.

Persons who submit incomplete applications will be given credit only for the information they provide and may not receive full credit for their veteran's preference determination, Indian Preference, education, training and/or experience.

- Applicants applying for the position may be required to be immunized, for measles and rubella, if he or she provides services or has contact with patients at the service units. Persons born before 1957 are not required to take the measles vaccine or provide proof of immunity. Special consideration may be allowed to individuals who are allergic to a component of a vaccine or have a history of severe reaction to a vaccine or who are currently pregnant.

GRADE POTENTIAL: ☒ NO ☐ YES to grade(s) \_\_\_\_\_.

SUPERVISORY/MANAGERIAL: ☒ NO ☐ YES

PREFERENCE IN FILLING VACANCIES IS GIVEN TO QUALIFIED INDIAN CANDIDATES IN ACCORDANCE WITH THE INDIAN PREFERENCE ACT (TITLE 25, U.S.C. CODE, SECTION 472 AND 473). THE INDIAN HEALTH SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER. THE INDIAN HEALTH SERVICE HAS A ZERO TOLERANCE SEXUAL HARASSMENT POLICY, IHS CIRCULAR NO. 95-11, IN PLACE WHICH IT DISSEMINATES TO ITS EMPLOYEES.

**WHO MAY APPLY FOR TEMPORARY POSITIONS:** Applications will be accepted from most anyone if the position is temporary and will last one year or less. Applications will also be accepted from Indian Preference applicants if the appointment will be made in excess of one year. Non-Indians may apply for term positions provided he or she has status and the appointment can be made in the competitive service.

"Veterans who are preference eligible or who have been separated from the armed forces under honorable conditions after 3 years or more of continuous active service may apply

**DUTIES AND RESPONSIBILITIES:** The incumbent of this position will operate under the Mobile Clinic Program (MCP) and be based out of the Pine Ridge Hospital Facilities Engineering Department in Pine Ridge, South Dakota. This position required the possession of a commercial driver's license w/air brakes endorsement (please submit a copy of your license), and knowledge of state requirements for operating a commercial vehicle. The MCP vehicle is a straight-in-line vehicle with an approximate gross weight of 40,000 lbs, 40" in length, has limited maneuverability, and utilized air brakes. The duties of position are transport (drive) the MCP vehicle to locations specified by the MCP providers and Pine Ridge Executive Committee at dates and times specified; attend training and obtain certification to perform patient registration duties at mobile clinic locations; complete accident report forms, credit care invoices, and emergency road-side repair forms as necessary; Ensure the MCP vehicle is set up properly; responsible for ensuring scheduled and unscheduled maintenance of the MDT vehicle, performs routine operator level maintenance services as required; cleans and maintains the MCP vehicle interior and exterior; moves supplies and equipment as needed; maintains adequate supply stocks, maintains a stock of cleaning materials and equipment to perform the janitorial and maintenance work, notifies supervisor when more patient supplies, materials, or equipment are needs; assists the medical technicians, medical staff, and clinical engineering staff in the setup operations, and take down of equipment and systems as necessary. Performs other duties as assigned through the Facilities Engineering Department and the MCP providers.

**QUALIFICATION REQUIREMENTS:** Candidates must meet qualification standards as specified in the Qualification Guide for Trade and Labor Jobs, X-118C.

ELEMENT A: Ability to do the work of the position without more than normal supervision.

ELEMENT B: Reliability and dependability as a motor vehicle operator.

ELEMENT C: Work Practices (Includes keeping things neat, clean and in order)

ELEMENT D: Operation of motor vehicles.

ELEMENT E: Ability to interpret instructions, specifications, etc.

**Applicants must submit the SUPPLEMENTAL QUESTIONNAIRE; failure to do so will result in not being considered for the position.**

**LEGAL AND REGULATORY REQUIREMENTS:** Candidates must meet time-after competitive appointment, time-in-grade, and qualification requirements by the closing date of the vacancy announcement, if applicable.

**HOW TO APPLY:** Applicants must submit their applications to the PHS Indian Hospital, Human Resources, PO Box 1201, Pine Ridge, SD 57770. **ALL APPLICATIONS MUST INCLUDE ALL THE APPLICABLE DOCUMENTS:**

1. Applicants may submit **ONE** of the following: a) OF-612, Optional Application for Federal Employment; b) Resume; or c) any other written application format.
2. Current Performance Rating, if available.
3. Applicants claiming Indian Preference **MUST** submit along with their application, FORM BIA-4432, Verification of Indian Preference. **BIA FORM-4432 IS THE ONLY FORM OUR OFFICE WILL ACCEPT.** Please submit the new form, expiration date 8/31/11.
4. If you wish to substitute appropriate education for experience, you **MUST** submit your transcripts along with your application. If your education is appropriate for the position being filled then your education may be substituted for experience.
5. For current or former Federal employees, a copy of your latest Notification of Personnel Action (SF-50B).
6. **All applications for this position MUST include the attached "Addendum to Declaration for Federal Employment Indian Health Service Child Care & Indian Child Care Worker Positions" form.**
7. **Supplemental Qualifications Statement – Mobile Industrial Equipment Operator-WG-5/11 form (CSC 1170/20-10-77)**
8. **VETERAN'S PREFERENCE CERTIFICATION:** Form DD-214 indicating discharge and or Form SF-15, claiming 10-point preference. Veteran's Preference is not applicable to current permanent employees with the Department of Health and Human Services, Federal employees with competitive status or reinstatement eligibles unless you are eligible for Indian

Preference and wish to be considered for the Excepted Service. **No preference will be allowed unless a copy of the DD-214 is attached to the application.**

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**EMPLOYMENT OF PEOPLE WITH DISABILITIES:**

IHS provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify Alice LaFontaine, Selective Placement Officer, at (605) 226-7213. The decision on granting reasonable accommodation will be on a case-by-case basis.

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**APPLICATION INSTRUCTIONS FOR PUBLIC HEALTH SERVICE COMMISSIONED CORPS CANDIDATES:** Applicants should submit the following:

1. Copy of resume or curriculum vitae showing work experience, dates of employment, names and addresses of supervisors, include any education and other information reflecting individual qualifications for consideration.

Commissioned Corp Applicants claiming Indian Preference must submit BIA form 4432 and will be evaluated against existing applicable standards.

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**INFORMATION REQUIRED ON RESUMES AND OTHER APPLICATION FORMATS:** Resumes or other application formats must contain all of the information listed below in sufficient detail to enable the Personnel Office to make a determination that you have the required qualifications for the position. **Failure to include any of the information listed below may result in loss of consideration for this position. This office will not solicit additional information.**

- a. Announcement Number, Title, and Grade of the job for which you are applying.
- b. Full name, mailing address (with zip code) and day/evening telephone numbers (with area codes).
- c. Social Security Number
- d. Country of citizenship
- e. Veteran's preference
- f. Highest Federal Civilian Grade held (give job series and dates held).
- g. High School - Name, City, State (with zip code), and date of diploma or GED.
- h. Colleges and Universities - Name, City, State (with zip code), majors, type and year of any degrees received (if no degree show total semester/quarter hours earned) (Attached transcripts).
- i. Work experience (paid/non-paid)-Job title (include series and if Federal job), duties, responsibilities and accomplishments (*if you describe more than one type of work, i.e., carpentry and painting, or personnel and budget, write the approximate amount of time your spent doing each*), employer's name and address, supervisor's name and phone number, starting and ending dates (month/year), **AVERAGE HOURS WORKED PER WEEK**, and salary (beginning/ending).
- j. Indicate if we may contact your current and/or former supervisor.
- k. Job-related training courses, skills, certificates, registrations, and licenses (current only), honors, awards, and special accomplishments.

**DO NOT SUBMIT POSITION DESCRIPTIONS.** All applications must be signed and dated. All material submitted for consideration under this announcement becomes the property of the Division of Personnel Management and is subject to verification. Careful consideration should be given to the information provided; fraudulent statements or any form of misrepresentation in the application process could result in loss of consideration for this position and or determination of unsuitability for Federal employment. If position is **RE-ANNOUNCED**, please call the Division of Personnel Management as to status of application.

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**INFORMATION FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) FOR SURPLUS OR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION.**

If you are currently a DHHS employee who has received a Reduction in Force (RIF) separation notice or a Certificate of Expected Separation (CES) you may be entitled to special priority selection under the DHHS Career Transition Assistance Program (CTAP). To receive this priority consideration you must:

1. Be a current DHHS career or career-conditional (tenure group I or II) or be a current IHS excepted appointment (with no time limits) tenure group II excepted/competitive service employee who has received a RIF separation notice or a CES and, the date of the RIF separation has not passed and you are still on the rolls of the DHHS. You must submit a copy of the RIF separation notice or CES along with your application.
2. Be applying for a position that is at or below the grade level of the position from which you are being separated. The position must not have a greater promotion potential than the position from which you are being separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package.
4. Be currently employed by the DHHS in the same commuting area (or nationwide for IHS employees GS-09 and above) of the position for which you are requesting priority consideration.

5. File your application by the vacancy announcement closing date & meet all the application criteria (e.g., submit all required documentation etc.).
6. Meet the basic qualifications for the position, any documented selective factor, physical requirements with any reasonable accommodation and is able to satisfactorily perform the duties of the position without undue interruption.

**INFORMATION FOR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION UNDER THE INTERAGENCY CAREER TRANSITION ASSISTANCE PROGRAM (ICTAP).**

If you are a displaced federal employee you may be entitled to receive special priority selection under the ICTAP. To receive this priority consideration you must:

1. Be a displaced Federal employee. You must submit a copy of the appropriate documentation such as a RIF separation notice, a letter from the Office of Personnel Management (OPM) or your agency documenting your priority consideration status with your application package. The following categories of candidates are considered displaced employees.
  - A. Current or former career or career-conditional (tenure group I or II) competitive service employees who:
    1. Received a specific RIF separation notice; or
    2. Separated because of a compensable injury, whose compensation has been terminated, and whose former agency certifies that it is unable to place; or
    3. Retired with a disability and shows disability annuity has been or is being terminated; or
    4. Upon receipt of a RIF separation notice retired on the effective date of the RIF and submits a Standard Form 50 that indicates Retirement in lieu of RIF; or
    5. Retired under the discontinued service retirement option; or
    6. Was separated because he/she declined a transfer of function or directed reassignment to another commuting area.
  - OR**
  - B. Former Military Reserve or National Guard Technicians who are receiving a Special OPM disability retirement annuity under section 8337 (h) or 8456 of Title 5 United States Code.
2. Be applying for a position at or below the grade level of the position from which you have been separated. The position must not have a greater promotion potential than the position from which you were separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package. (This requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
4. Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date & meet all the application criteria (e.g., submit all required documentation, etc.)
6. Eligible applicants will be considered "well qualified" if their documented experience, knowledge, skill and abilities are comparable to or exceed that described at the acceptable level on the crediting plan for the position to be filled.

**THE INDIAN HEALTH SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER.**

**SUPPLEMENTAL EXPERIENCE STATEMENT**  
(To accompany Application for Federal Employment)  
**MOTOR VEHICLE OPERATOR, WS-5703-8**

**NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

(Mr.) (Mrs.) (Ms.) (First, Middle, Maiden (if any), Last)

(Month, Date, Year)

**NOTE TO APPLICANTS:** Use Columns II and III to answer the questions in Column I. Use additional plain sheets of paper if needed.

| <p align="center"><b>Column I</b></p> <p align="center">Questions to Competitors</p>  | <p align="center"><b>Column II</b></p> <p align="center">Indicate job number or experience block on application to which this refers.</p> | <p align="center"><b>Column III</b></p> <p align="center">In this column, write your answers to the questions in Column I. For schooling, include formal school, trade school, military classes, etc.; state subject, name and address of school, time spent on each subject, and grades. Tell about experience applicable to this position, paid or unpaid, part-time or full-time and in hobbies appropriate to the job.</p> |
|---|---|--|
| <p><u>ELEMENT A. ABILITY TO DO THE WORK OF THE POSITION WITHOUT MORE THAN NORMAL SUPERVISION.</u><br/>(screen out element)<br/>Applicant must possess a valid, unrestricted Commercial Driver's License (CDL). Describe your experience with operating motor vehicles such as mobile medical clinics, motor coaches, tour buses, school buses, mid-size truck and trailer, extended cargo vans, semi-truck and trailer, or any other applicable commercial motor vehicle.</p> |   |  |
| <p><u>ELEMENT B. RELIABILITY AND DEPENDABILITY AS A MOTOR VEHICLE OPERATOR.</u><br/>Demonstrate reliability and dependability from previous jobs as a driver/motor vehicle operator (Provide examples).</p>   |   |  |
| <p><u>ELEMENT C. WORK PRACTICES (INCLUDES KEEPING THINGS NEAT, CLEAN, AND IN ORDER).</u><br/>Ability to handle heavy lifting/loads on a regular basis. Describe your work practices and other duties assigned during current or previous employment as a motor vehicle operator.</p>  |   |  |

|   |  |  |
|---|--|--|
| <p><u>ELEMENT D. OPERATION OF MOTOR VEHICLES.</u></p> <p>Knowledge of pre/post-trip inspections, maintenance procedures, operating procedures, and State Department of Transportation rules and regulations.</p>  |  |  |
| <p><u>ELEMENT E. ABILITY TO INTERPRET INSTRUCTIONS, SPECIFICATIONS, ETC.</u></p> <p>(related to mobile equipment operation)</p> <p>Ability to interpret and implement instructions such as work schedules, task lists, required maintenance, equipment or supplies needed.</p> <p>Ability to interpret and use operating manuals of motor vehicles, schedule and perform maintenance, and troubleshoot and diagnose vehicle problems.</p> |  |  |

After completing the application and this form, look them over carefully to make sure that both have been signed and that you have answered every question. Be sure that you have given complete information about your experience. You cannot be given credit for work you do not tell us about. Don't forget military service, hobbies, volunteer work, etc. All appropriate experience, education and training can be credited whether you were paid or not.

**STATEMENTS CONCERNING QUALIFICATIONS WILL BE VERIFIED BY THE OFFICE OR PERSONNEL MANAGEMENT. EXAGGERATION OR MISSTATEMENTS MAY BE CAUSE FOR YOUR DISQUALIFICATION OR LATER REMOVAL FROM THE SERVICE.**

**CERTIFICATION**

I certify that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

SIGN IN INK

MOBILE INDUSTRIAL EQUIPMENT OPERATOR-WG 5/11  
COMPLETE AND SUBMIT THIS FORM WITH YOUR APPLICATION

## A. GENERAL

|         |                                  |                           |
|---------|----------------------------------|---------------------------|
| 1. Name | 2. Date of Birth (Mo., Day, Yr.) | 3. Social Security Number |
|---------|----------------------------------|---------------------------|

## B. TRAFFIC VIOLATIONS

Supply the information requested for each time you were given a ticket or arrested for breaking a driving law during the past 5 years. Do not include any record where you were found not guilty. Do not include parking tickets. If you have more than three (3) traffic violations in the past 5 years provide the requested information for each on an additional sheet.

| 1 | 1. Type of Violation                              | 2. Mo./Yr. | 3. City, County, State | 5. While on job?                  | Yes | No |
|---|---|------------|------------------------|-----------------------------------|-----|----|
|   | 4. Details of Action Taken (length of suspension) |            |                        | 6. License revoked or suspended?  |     |    |
|   |   |            |                        | 7. Fined or forfeited collateral? |     |    |
|   |   |            |                        | 8. Sentenced?                     |     |    |
| 2 | 1. Type of Violation                              | 2. Mo./Yr. | 3. City, County, State | 5. While on job?                  | Yes | No |
|   | 4. Details of Action Taken (length of suspension) |            |                        | 6. License revoked or suspended?  |     |    |
|   |   |            |                        | 7. Fined or forfeited collateral? |     |    |
|   |   |            |                        | 8. Sentenced?                     |     |    |
| 3 | 1. Type of Violation                              | 2. Mo./Yr. | 3. City, County, State | 5. While on job?                  | Yes | No |
|   | 4. Details of Action Taken (length of suspension) |            |                        | 6. License revoked or suspended?  |     |    |
|   |   |            |                        | 7. Fined or forfeited collateral? |     |    |
|   |   |            |                        | 8. Sentenced?                     |     |    |

## C. DRIVER'S LICENSE INFORMATION

|                                      |   |  |  |
|--------------------------------------|---|--|--|
| 1. Driver's Permit or License Number | 4. Type of License (Operator, Chauffeur, Classified) if other than Operator, List the weights and/or types of Vehicles covered: | 5. Restrictions Listed in Present License. | 6. Other States where you obtained license during past 5 years. Indicate type of license obtained. |
| 1. State in which Issued?            |   |  |  |
| 2. Date it expires (Mo., Yr.)        |   |  |  |

## D. ACCIDENT RECORD

Complete the information requested for each accident you have had during the past 5 years -- whether your fault or not. If you have had more than two (2) accidents in the past 5 years provide the requested information for each on additional sheets.

| 1 | 1. Type of Accident (Head-on, collision, etc.)  | 2. Mo./Yr.   | 3. City, County, State   | 9. While on job?                   | Yes |
|---|---|--|--|------------------------------------|-----|
|   | 4. Amount of damage to your car. \$             | 5. Amount of damage to car? \$   | 6. Did your insurance company make payment to other party? ( ) Yes \$ ( ) No | 10. Were you judged at fault?      |     |
|   | 7. Describe charges placed against you, if any? | 8. Details of actions taken (sentence, length of sentence, fine, etc.) |  | 11. Was anyone killed?             |     |
|   |   |  |  | 12. License revoked or suspended?  |     |
|   |   |  |  | 13. Fined or forfeited collateral? |     |
|   |   |  |  | 14. Sentenced?                     |     |
| 2 | 1. Type of Accident (Head-on, collision, etc.)  | 2. Mo./Yr.   | 3. City, County, State   | 9. While on job?                   | Yes |
|   | 4. Amount of damage to your car. \$             | 5. Amount of damage to car? \$   | 6. Did your insurance company make payment to other party? ( ) Yes \$ ( ) No | 10. Were you judged at fault?      |     |
|   | 7. Describe charges placed against you, if any? | 8. Details of actions taken (sentence, length of sentence, fine, etc.) |  | 11. Was anyone killed?             |     |
|   |   |  |  | 12. License revoked or suspended?  |     |
|   |   |  |  | 13. Fined or forfeited collateral? |     |
|   |   |  |  | 14. Sentenced?                     |     |

## E. EVIDENCE OF SAFE DRIVING

|   |                |   |            |
|---|----------------|---|------------|
| 1. Have you ever received a safety award?<br>( ) YES ( ) NO<br>Give Details:  | Date Received: | 2. Have you ever received a citation for safe driving or for being a safe worker? ( ) YES ( ) NO<br>Give Details: | Date Recd: |
| 3. Have you ever received a discount on your automobile insurance for a good driving record?<br>( ) YES ( ) NO<br>Give Details: | Date Received: | 4. Did you ever successfully complete a course in Driver's Education? ( ) YES ( ) NO<br>Give Details:             | Date Recd: |

# AUTHORITY

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal employment application forms. Sections 1302-3301 and 3304 of Title 5 of the United States Code give the U.S. Civil Service Commission the authority to recruit, examine, and evaluate applicants qualifications for employment in the Federal Service. Use of the employment application forms is necessary for performing these functions.

## PURPOSES AND USES

The principal purpose of employment application forms is to collect information needed to determine qualifications, suitability, and availability of applicants for Federal employment and of current Federal employees for reassignment, reinstatement, transfer or promotion. Your completed application may be used to examine, rate, and/or assess your qualifications to determine if you are entitled under certain laws and regulations such as Veterans Preference, and restrictions based on citizenship, member of family already employed, and residence requirements, and to contact you concerning availability and/or for an interview. All or part of your completed Federal employment application form may be disclosed outside the U.S. Civil Service Commission to:

1. Federal agencies upon request for a list of eligibles to consider for appointment, reassignment, reinstatement, transfer or promotion.
2. State and local government agencies, congressional offices, public international organizations, and other public offices, if you have indicated availability for such employment consideration.
3. Federal agency investigators to determine your suitability for Federal employment.
4. Federal, State, or local agencies to create other personnel records after you have been appointed.
5. Appropriate Federal, State, or local law enforcement agencies charged with the responsibility of investigating a violation or potential violation of the law.
6. Appropriate Federal, State, or local agencies maintaining records on you to obtain information relevant to an agency decision about you.
7. A requesting Federal, State, or local agency to the extent the information is relevant to the requesting agency's decision.
8. Federal agency selecting officials involved with internal personnel management functions.
9. Your college or university placement offices if you are appointed to a career position in some occupations at certain grade levels.
10. Anyone requesting statistical information (without your personal identification) under the Freedom of Information Act.
11. A congressional office in response to an inquiry from the congressional office made at your request.

## EFFECTS OF NONDISCLOSURE

Because the employment application forms request both optional (other skills, training, etc.) and mandatory (qualifications and biographical, etc.) data, it is in your best interest to answer all questions. Omission of an item means you might not receive full consideration for a position in which this information is needed.

## INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579, SECTION 7(b)

Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or processes that you are seeking. Solicitation of the SSN by the United States Civil Service Commission is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records that you file with the Civil Service Commission or agencies. The SSN also will be used by the Civil Service Commission and other Federal agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems and records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates and whose identities can only be distinguished by the SSN.

### ATTENTION - THIS STATEMENT MUST BE SIGNED

Read the following paragraph carefully before signing this Statement

A false answer to any question in this Statement may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your Statement and is subject to investigation.

#### CERTIFICATION

I CERTIFY that all of the statements made in this Statement are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

#### SIGNATURE (sign in ink)

DATE  
SIGN  
ED



# OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

Form Approved  
OMB No. 3206-0219

## Section A - Applicant Information

Use Standard State Postal Codes (abbreviations). If outside the United States of America, and you do not have a military address, type or print "OV" in the State field (Block 6c) and fill in the Country field (Block 6e) below, leaving the Zip Code field (Block 6d) blank.

|  |                            |                          |   |
|--|----------------------------|--------------------------|---|
| 1. Job title in announcement                             |                            | 2. Grade(s) applying for | 3. Announcement number  |
| 4a. Last name  | 4b. First and middle names |                          | 5. Social Security Number   |
| 6a. Mailing address                                      |                            |                          | 7. Phone numbers (include area code if within the United States of America) |
|  |                            |                          | 7a. Daytime   |
| 6b. City   | 6c. State                  | 6d. Zip Code             | 7b. Evening   |
| 6e. Country (if not within the United States of America) |                            |                          |   |
| 8. Email address (if available)                          |                            |                          |   |

## Section B - Work Experience

Describe your paid and non-paid work experience related to the job for which you are applying. Do not attach job description.

|   |                 |                  |                                       |  |
|---|-----------------|------------------|---------------------------------------|--|
| 1. Job title (if Federal, include series and grade)   |                 |                  |                                       |  |
| 2. From (mm/yyyy)   | 3. To (mm/yyyy) | 4. Salary per \$ | 5. Hours per week                     |  |
| 6. Employer's name and address  |                 |                  | 7. Supervisor's name and phone number |  |
|   |                 |                  | 7a. Name                              |  |
|   |                 |                  | 7b. Phone                             |  |
| 8. May we contact your current supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If we need to contact your current supervisor before making an offer, we will contact you first. |                 |                  |                                       |  |
| 9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and job announcement number)   |                 |                  |                                       |  |

## Section C - Additional Work Experience

|   |                 |                  |                                       |  |
|---|-----------------|------------------|---------------------------------------|--|
| 1. Job title (if Federal, include series and grade)   |                 |                  |                                       |  |
| 2. From (mm/yyyy)   | 3. To (mm/yyyy) | 4. Salary per \$ | 5. Hours per week                     |  |
| 6. Employer's name and address  |                 |                  | 7. Supervisor's name and phone number |  |
|   |                 |                  | 7a. Name                              |  |
|   |                 |                  | 7b. Phone                             |  |
| 8. May we contact your current supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If we need to contact your current supervisor before making an offer, we will contact you first. |                 |                  |                                       |  |
| 9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and job announcement number)   |                 |                  |                                       |  |

### Section D - Education

Upon request from the employing Federal agency, you must provide documentation or proof that your degree(s) is from a school accredited by an accrediting body recognized by the Secretary, U.S. Department of Education, or that your education meets the other provisions outlined in the OPM Operating Manual. It will be your responsibility to secure the documentation that verifies that you attended and earned your degree(s) from this accredited institution(s) (e.g., official transcript). Federal agencies will verify your documentation.

For a list of postsecondary educational institutions and programs accredited by accrediting agencies and state approval agencies recognized by the U.S. Secretary of Education, refer to the U.S. Department of Education Office of Postsecondary Education website at <http://www.ope.ed.gov/accreditation/>.

For information on Educational and Training Provisions or Requirements, refer to the OPM Operating Manual available at <http://www.opm.gov/qualifications/SEC-11/s2-e4.asp>.

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

1. Last High School (HS)/GED school. Give the school's name, city, state, ZIP Code (if known), and year diploma or GED received:

2. Mark highest level completed: Some HS ☐ HS/GED ☐ Associate ☐ Bachelor ☐ Master ☐ Doctoral ☐

3. Colleges and universities attended.

Do not attach a copy of your transcript unless requested.

Total Credits Earned  
Semester Quarter

Major(s)

Degree (if any),  
Year Received

3a. Name

City State Zip Code

3b. Name

City State Zip Code

3c. Name

City State Zip Code

### Section E - Other Education Completed

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

### Section F - Other Qualifications

License or Certificate

Date of Latest License or Certificate

State or Other Licensing Agency

1f.

2f.

### Section G - Other Qualifications

Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.).

Job-related honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do not send documents unless requested.

### Section H - General

1a. Are you a U.S. citizen? Yes ☐ No ☐ → 1b. If no, give the Country of your citizenship

2a. Do you claim veterans' preference? Yes ☐ No ☐ → If yes, mark your claim of 5 or 10 points below.

2b. 5 points ☐ → Attach your *Report of Separation from Active Duty* (DD 214) or other proof.

2c. 10 points ☐ → Attach an *Application for 10-Point Veterans' Preference* (SF 15) and proof required.

3. Check this box if you are an adult male born on or after January 1st 1960, and you registered for Selective Service between the ages of 18 through 25 → ☐

4. Were you ever a Federal civilian employee? Yes ☐ No ☐ → If yes, list highest civilian grade for the following:

4a. Series

4b. Grade

4c. From (mm/yyyy)

4d. To (mm/yyyy)

5a. Are you eligible for reinstatement based on career or career-conditional Federal status? Yes ☐ No ☐  
If requested in the vacancy announcement, attach *Notification of Personnel Action* (SF 50), as proof.

5b. Are you eligible under the ICTAP\*? Yes ☐ No ☐

\*ICTAP (Interagency Career Transition Assistance Plan): A participant in this plan is a current or former federal employee displaced from a Federal agency. To be eligible, you must have received a formal notice of separation such as a RIF separation notice. If you are an ICTAP eligible, normally you will be provided priority consideration for vacancies within your commuting area for which you apply and are well qualified.

### Section I - Applicant Certification

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

1a. Signature

1b. Date (mm/dd/yyyy)

**Addendum to Declaration for Federal Employment (OF 306)**  
**Indian Health Service**  
**Child Care & Indian Child Care Worker Positions**

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**Item 15a. Agency Specific Questions**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

(Please print)

Job Title in Announcement: \_\_\_\_\_ Announcement Number: \_\_\_\_\_

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes.

To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment:

- 1) Have you ever been arrested for or charged with a crime involving a child? YES \_\_\_\_\_ NO \_\_\_\_\_

*[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]*

- 2) Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children?  
YES \_\_\_\_\_ NO \_\_\_\_\_

*[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]*

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant=s Signature (sign in ink)

Date

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3)), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. *Please do not send completed data collection instruments to this address.*

# Declaration for Federal Employment

Form Approved  
OMB No. 3206-0182

## GENERAL INFORMATION

|  |   |
|--|---|
| 1. Full Name (First, middle, last)<br>•                                      | 2. Social Security Number<br>•                            |
| 3. Place of Birth (Include city and state or country)<br>•                   | 4. Date of Birth (MM/DD/YYYY)<br>•                        |
| 5. Other Names Ever Used (For example, maiden name, nickname, etc)<br>•<br>• | 6. Phone Numbers (Include area codes)<br>Day •<br>Night • |

### Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959? ☐ YES ☐ NO If "NO" skip 7b and 7c. If "YES" go to 7b.  
7b. Have you registered with the Selective Service System? ☐ YES ☐ NO If "NO" go to 7c.  
7c. If "NO", describe your reason(s) in item #16.

## Military Service

8. Have you ever served in the United States military ☐ YES *Provide information below* ☐ NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO."

| Branch | From       | To         | Type of Discharge |
|--------|------------|------------|-------------------|
|        | MM/DD/YYYY | MM/DD/YYYY |                   |
|        |            |            |                   |
|        |            |            |                   |
|        |            |            |                   |

## Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

| YES | NO |
|-----|----|
|     |    |

10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

| YES | NO |
|-----|----|
|     |    |

11. Are you now under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

| YES | NO |
|-----|----|
|     |    |

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.

| YES | NO |
|-----|----|
|     |    |

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

| YES | NO |
|-----|----|
|     |    |

# Declaration for Federal Employment

0182

Form Approved: OMB No. 3206-

## Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.

| YES | NO |
|-----|----|
|     |    |
| YES | NO |
|     |    |

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

## Certifications/Additional Questions

**APPLICANT: If you are applying for a position and have not yet been selected,** carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

**APPOINTEE: If you are being appointed,** carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

7. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Appointee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign in ink)

17b. Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign in ink)

Appointing Officer:  
Enter Date of Appointment or Conversion  
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: \_\_\_\_\_

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ Don't Know

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ Don't Know